

MONTANA BOARD OF CHIROPRACTORS
301 S PARK - FOURTH FLOOR #428
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2393 FAX (406) 841-2305
E-MAIL dlibsdchi@state.mt.us
WEBSITE: <http://www.discoveringmontana.com/dli/chi>

REQUEST FOR INACTIVE LICENSE

PLEASE PLACE MY MONTANA CHIROPRACTIC LICENSE ON INACTIVE STATUS.

NAME _____ LICENSE # _____
PLEASE PRINT

HOME ADDRESS: _____

Phone: home _____ - _____ fax _____ - _____ work _____ - _____

E-mail _____

24.126.701 INACTIVE STATUS (1) A licensed chiropractor who wishes to retain a license but who will not be practicing chiropractic may obtain an inactive status license upon submission of an application. An individual licensed on inactive status may not practice chiropractic during the period in which he or she remains on inactive status.

(2) An individual licensed on inactive status may convert his or her license to active status by submission of an appropriate application, payment of the renewal fee for the year in question and evidence of one of the following (a) during each year of inactive status in this state, full-time (no less than 1,500 hours per year) practice of chiropractic under a license in good standing in another state that requires completion of continuing education substantially equivalent to that required under these rules; or (b) proof of completion of 12 hours of approved continuing education in the year preceding reinstatement.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, 20____

at _____
City/State

Notary Public

SEAL _____ FOR THE STATE OF _____

My Commission expires _____